



NOTICE OF VIOLATION AND HEARING

COMMISSIONER OF THE DEPARTMENT OF BUILDINGS
OF THE CITY OF NEW YORK, PETITIONER, AGAINSTViolation No. 34514435Z
ENVIRONMENTAL CONTROL BOARD

Respondent	First name (or entity name)	Last name		
	EMAD IBRAHEEM			
Mailing address (Check if same address as place of occurrence)	Number and street	City	State	Zip code
	24 WEST 119TH ST	NEW YORK	NY	10026

Additional mailing to be sent (agent, care of, other):

Name	First name	Last name	Company
	EMAD	IBRAHEEM	APT 5A
Mailing address	Number and street	City	State Zip code
	40-60 ELBERTSON ST	ELMHURST	NY 11373

Commissioner's Order To Correct Violations

Place of occurrence	Boro	Date of violation	Type	Dist.	Code	No.
24 WEST 119TH ST	MANH	4/24/06	C	ST	11	01
Construction type	No. of stories	Block	Lot	Occupancy at time of inspection		
	3	1717	47	116435Z		

Based upon the inspection of the premises and/or records of the Department, the undersigned has determined that you are in violation of the sections of law cited below, of Title 26 and/or 27 of the NYC Administrative Code, and the Zoning Resolution.

Computer No.	Provision of law	Violating conditions observed	<input checked="" type="checkbox"/> Hazardous	<input type="checkbox"/> Second offense
BPO	27-217	<p>OCUP. CONTRARY TO THAT ALLOWED BY CO/BOARD</p> <p>I CARD STATES THAT A 5 STORY + BSMT BLDG (5RD) MOUNT-DWELLING CALLS FOR A BSMT CLASS A NOT 1st, 2nd & 3rd FLO APTS AS CLASS B, w/ 3 COMMUNAL KITCHENS & BATHROOMS. 1st FLO HAS 2 ROOMS, 2ND HAS 4 ROOMS & 3RD FLO HAS 4 ROOMS. ON DAY OF INSPECTION 1st FLO HAD NO COMMUNAL KITCHEN AS STATED ON I-CARD. KITCHEN WAS LOCATED IN 1st FLO REAR UNIT (APT #3) ENCLOSED WITH SLEEPING AREA NEXT TO KITCHEN. APT #2 1st FLO HAD NO KITCHEN ACCESS & REAR APT #43 (1st FLO) HAD A 14 YR OLD FEMALE CHILD (CARINA CARLOS). THE ABOVE SITUATION DOESN'T COMPLY W/ HOUSING MOUNT CODE 27-2076. PROHIBITED OCCUPANCIES: A. NO KITCHEN SHALL BE OCCUPIED FOR SLEEPING B. NO SLEEPING UNIT SHALL BE OCCUPIED BY A FAMILY W/ A CHILD UNDER THE AGE OF 16</p>		

The Commissioner of the Department of Buildings orders that you correct these conditions and file a certificate of such correction.

PENALTY: DISCONTINUED ILLEGAL USE OR IMPROPER CONTINUED OF OCCUPANCY.

Resolution options	Hearing Information
<p>CURE DATE <u>HAZARD</u></p> <p>At the hearing, you have the option to contest or admit the violation. If a "cure date" appears in the box above, you have the additional option to admit the violation and certify correction by the cure date, resulting in a finding of "in violation," but no hearing or penalty. Also, depending on the type of violation, you may be eligible to accept a stipulation. For more information, see reverse side of the yellow copy of the "Notice of Violation and Hearing".</p>	<p>If the Certificate of Correction (for a "cure") is not received by the date indicated to the left or is not approved by the Department or IF YOU ARE CHARGED WITH A HAZARDOUS OR SECOND OFFENSE VIOLATION, YOU ARE REQUIRED TO APPEAR FOR A HEARING AT THE ENVIRONMENTAL CONTROL BOARD (ECB) ON:</p> <p>Hearing date <u>06/01/06</u> at <input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 1:30 PM <input type="checkbox"/> Other _____</p> <p>Environmental Control Board hearing locations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Queens, (718) 298-7300 - 144-06 94th Avenue, 1st fl. <input checked="" type="checkbox"/> Manhattan, (212) 361-1400 - 66 John Street, 10th fl. <input type="checkbox"/> Brooklyn, (718) 875-7428 - 233 Schermerhorn Street, 11th fl. <input type="checkbox"/> Bronx, (718) 579-6844 - 1832 Arthur Avenue, 6th fl. <input type="checkbox"/> Staten Island, (212) 361-1400 - 350 St. Marks Place, 1st fl. <p>Proceedings will be held under authority of the NYC Charter section 1404 and rules promulgated thereunder at 15 RCNY Chapter 31. This hearing is your opportunity to answer and defend against the allegations set forth above. If you do not appear, you will be held in default and subjected to maximum penalties.</p>

For more information. To reschedule your hearing or inquire about the case status, call the Environmental Control Board at the numbers listed above. For information on certifying correction of this violation, read instructions on the Certificate of Correction form, call the Department of Buildings at 311, or go to www.nyc.gov/buildings.

Issuing officer's last name, first initial (print)

ANGILETTA F

Badge number 111019

Unit Code B.5

Supervisor's signature

I personally observed the violation(s) charged and/or verified their existence through review of departmental records.

Issuing officer's signature

This statement is affirmed under penalty of perjury.

34514435Z

Affidavit / Affirmation of ServiceSTATE OF NEW YORK, COUNTY OF Albany ss:

The undersigned affirms, or, being duly sworn, deposes and says: That I am over 18 years of age, and not a party to this proceeding, and that on the 24 day of April 2006 at _____ a.m. / p.m. (circle one) at 24 West 114th St (full address)

I served the within Notice of Violation and Hearing on the respondent named therein:

Note: You must complete either section A or B or C. Section D must also be completed if service was effected through A1, A2, or B1.

A. INDIVIDUAL OR PARTNERSHIP

1. ☐ **Individual or Partnership - Personal Service**, by delivering and leaving a true copy with _____ respondent personally.
2. ☐ **Individual or Partnership - Substituted Service**, by delivering a true copy to _____ a person of suitable age and discretion at respondent's actual place of business, dwelling or usual place of abode within the state.
3. ☐ **Required Mailing (Use with 2)**. On ____/____/____ I enclosed a copy of same in a first class post paid envelope properly addressed to respondent's last known residence or actual place of business and deposited said envelope in an official depository under the exclusive care and custody of the U.S. Postal Service. The envelope bore the legend "personal & confidential" and did not indicate on the outside thereof, by return address or other wise that the communication was from an attorney or concerned an action against the respondent.

B. CORPORATION

1. ☐ **Corporation**, by delivering and leaving a true copy with _____ an officer, director, managing agent, or general agent (circle one) of said respondent corporation.
2. ☐ **Secretary of State Service**, by delivering to and leaving two copies with _____ in the Office of the Secretary of State of the State of New York, personally at the Office of the Secretary of State of the State of New York. Said service was made pursuant to article three of the Business Corporation Law. Deponent further says that s/he knew the person so served as aforesaid to be employed in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said respondent.

C. ALTERNATE METHOD/CHARTER SERVICE

- ☐ **Alternate method of service pursuant to New York City Charter §1404(d)(2)(ii) [Affix and Mail Service]**. A true copy of the notice of violation was posted in a conspicuous place upon the premises where the violation occurred after a reasonable attempt to effectuate service upon the respondent or upon other person whom service may be made was unsuccessful.

Additional Information (Explain specific details on where violation was posted on the premise or other information):

Room 2 Mail Box

D. DESCRIPTION OF INDIVIDUAL SERVED

Deponent further states that s/he describes the person actually served as follows:

- | | | | | | | |
|---------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Black skin | <input type="checkbox"/> Black hair | <input type="checkbox"/> White hair | <input type="checkbox"/> 14-20 yrs. | <input type="checkbox"/> under 5' | <input type="checkbox"/> under 100 lbs. |
| <input type="checkbox"/> Female | <input type="checkbox"/> Brown skin | <input type="checkbox"/> Blond hair | <input type="checkbox"/> Balding | <input type="checkbox"/> 21-35 yrs. | <input type="checkbox"/> 5'0"-5'3" | <input type="checkbox"/> 101-130 lbs. |
| | <input type="checkbox"/> White skin | <input type="checkbox"/> Brown hair | <input type="checkbox"/> Mustache | <input type="checkbox"/> 36-50 yrs. | <input type="checkbox"/> 5'4"-5'8" | <input type="checkbox"/> 131-160 lbs. |
| | | <input type="checkbox"/> Gray hair | <input type="checkbox"/> Beard | <input type="checkbox"/> 51-65 yrs. | <input type="checkbox"/> 5'9"-6'0" | <input type="checkbox"/> 161-200 lbs. |
| | | <input type="checkbox"/> Red hair | <input type="checkbox"/> Glasses | <input type="checkbox"/> Over 65 yrs. | <input type="checkbox"/> Over 6'0" | <input type="checkbox"/> Over 200 lbs. |

Other identifying characteristics _____

Served by:		For process server SWORN TO BEFORE ME ON: _____ day of _____ Notary signature _____
Signature <u>F. J. Anguiano</u>		
Print full name <u>Francis J. Anguiano</u>		
<input checked="" type="checkbox"/> Issuing officer, City of New York This service statement is affirmed under penalty of perjury. <input type="checkbox"/> Process Server (complete next box)		